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Mitchell E. Daniels, Jr., Governor
State of Indiana

DIVISION OF DISABILITY AND REHABILITATIVE SERVICES
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To: Consumers and families, providers, case managers, DDRS employees, and all stakeholders who support individuals with disabilities in Indiana

From: Peter A. Bisbecos, DDRS Director

Date: September 29, 2009

Re: DDRS Policy Bulletin– Third Quarter 2009

The following is an informational notice from the Division of Disability & Rehabilitative Services (DDRS):

- Page 2, Developmental Disabilities Waiver Renewal, Summary of Major Changes
- Page 7, Reprint of letter released August 29, 2009: Clarification of Hospice, HCBS, and Medicaid Home Health Services

If you experience any problems with receiving or opening this message and its attachment, please contact the BDDS Helpline at BDDSHelp@fssa.in.gov or contact us through one of the resources listed at the end of this document.

You are encouraged to share this bulletin with anyone you feel may have an interest in the information contained in this bulletin.

Thank you.

Reference #: Q3_20090929

Developmental Disabilities Waiver Renewal
Summary of Major Changes

To: Consumers, providers, case managers and stakeholders who support individuals with developmental disabilities in Indiana

From: Peter A. Bisbecos, DDRS Director
Pat Casanova, Indiana Medicaid Director

Date: September 28, 2009

The Office of Medicaid Policy and Planning (OMPP), in collaboration with the Division of Disability of Rehabilitative Services (DDRS), previously submitted the required web-based application for a §1915(c) Home and Community Based Services (HCBS) Waiver requesting permission from the Centers for Medicare and Medicaid Services (CMS) to renew Indiana's expiring Developmental Disabilities (DD) Waiver. In addition, OMPP and DDRS satisfactorily responded to CMS's formal and informal requests for additional information thereby assuring the State's accountability for the waiver program.

DDRS is pleased to announce that on Friday, September 25, 2009, DDRS received a letter from CMS stating that the request to renew the Indiana HCBS DD Waiver, authorized under §1915(c) of the Social Security Act, has been approved. Effective October 1, 2009, this renewed waiver will continue to serve individuals of all ages with developmental disabilities who meet an Intermediate Care Facility for the Mentally Retarded (ICF-MR) level of care. The complete 253-page document is available for review online at http://www.in.gov/fssa/files/1DD_Waiver_Renewal_100109.pdf.

Significant changes from the current (expiring) DD waiver document and the proposed renewal are listed below along with the location of those changes. The online waiver application is organized in multiple sections beginning with the **Main** section **[Application (Module 1)],** followed by **Appendices A through J**. While Quality improvement strategies primarily appear in **Appendix H**., Quality improvement assurances, sub-assurances and performance measures unique to each **Appendix** are now addressed throughout the document.

The most significant changes between the expiring DD Waiver and the renewal are the move to using a uniform rate methodology and the unbundling of Day Services. **(Appendices C, I and J)**

APPENDIX A: **Waiver Administration and Operation**

- **A-3 Use of Contracted Entities** – The operating agency now contracts with another entity for the various functions previously performed by the Bureau of Quality Improvement Services (BQIS). These functions include components of utilization management (ensuring services are properly authorized, monitored and delivered), discovery and remediation activities. In addition, the mechanisms for overall systems improvement are contracted out. Oversight of the contractor remains in the hands of the BQIS Central Office.

APPENDIX B: Participant Access and Eligibility

- **NUMBER OF PARTICIPANTS SERVED: (Appendices B-3-a, I and J)** Indiana had projected to be serving 8118 participants by the end of waiver year 5 , largely due to the addition of reserved capacity (priority) criteria enabling participants with parents or guardians age 80 or older to receive priority waiver slots. Projections obtained with the help of advocacy groups were over-estimated, leaving reserved slots underutilized. Projections for the total number of active participants receiving DD Waiver services at the end of each waiver year follow:
    - Year 1—7133
    - Year 2—7392
    - Year 3—7644
    - Year 4—7884
    - Year 5—8118

- **Reserved Waiver Capacity** modifications include the expansion of reserved capacity (priority) criteria for individuals with aging caregivers. Additional priority criteria have been added for persons wishing to leave a facility but whose normal caregiver would no longer be able to provide their care, as well as for individuals being served in facilities but with a history of unexplained injuries or documented abuse that has been substantiated by DDRS and threatens the person's health and welfare. **(Appendix B-3-c)**
- **Selection of Entrants to the Waiver (Appendix B-3-f)** is modified to reflect that targeting, acceptance of the slot, and established eligibility for the waiver will result in removal of the participant from other waiver waiting lists.
- **Appendix B-4: Medicaid Eligibility Groups Served in the Waiver** is modified to include the following additional Medicaid Aid Categories:

- Children receiving Adoption Assistance or Children receiving Federal
- Foster Care Payments under Title IV E - Sec. 1902(a)(10)(A)(i)(I) of the Act
- Children receiving adoption assistance under a state adoption agreement - Sec 1902(a)(10)(A)(ii)(VIII)
- Independent Foster Care Adolescents – Sec 1902(a)(10)(A)(ii)(XVII)
- Children Under Age 1 – Sec 1902(a)(10)(A)(i)(IV)
- Children Age 1-5 - Sec 1902(a)(10)(A)(i)(VI)
- Children Age 1 through 18 - Sec 1902(a)(10)(A)(i)(VII)
- Transitional Medical Assistance – Sec 1925 of the Act

- **Appendix B-6-a ii: Frequency of Services** is modified to reflect that a need for services is now required quarterly rather than monthly, providing services are monitored monthly.
- **Appendix B-7-a. Procedures under Freedom of Choice** has been changed to specify that in Indiana, participation in a Risk-Based Managed Care program (former statement included all "Managed Care" programs) and HCBS Waiver programs are mutually exclusive.

APPENDIX C: Participant Services

- Day Services were unbundled and replaced by the following:
  - Community Based Habilitation – Group
  - Community Based Habilitation – Individual
  - Facility Based Habilitation – Group
  - Facility Based Habilitation – Individual
  - Prevocational
  - Supported Employment Follow Along
  - Transportation Services
- As a component of the bundled Day Services under the prior (expiring) DD Waiver, no limit previously existed for the amount or duration of Prevocational Services or Supported Employment Follow-Along (SEFA). Under the DD Waiver renewal, a participant may only utilize Prevocational Services for a time period of up to 12 months and may only utilize SEFA for a time period of up to 18 months in the same employment setting. The time limit clock for both of these services begins at the Start Date of the

service as it first appears on any approved Initial, Annual or Update Plan of Care/Cost Comparison Budget (CCB) (and subsequent Notice of Action) having an Initial or Annual Start Date falling on or after the October 1, 2009 effective date of this waiver renewal.

- New services added include the following:
    - Electronic Monitoring
    - Facility Based Support
    - Intensive Behavioral Intervention
    - Transportation
    - Workplace Assistance

  Each comprehensive service definition is included in the waiver document which will be available to the public once the waiver application is approved by CMS and posted to the DDRS website.
- Service definition modifications were made to:
    - Adult Day Services to enable use of the new Transportation Service in conjunction with Adult Day Services;
    - Respite Care to clarify activities allowed and not allowed;
    - Residential Habilitation and Support enabling each parent, step-parent or legal guardian to provide the service for up to 40 hours per week;
    - all therapy services to clarify that service delivery to the participant is not appropriate within their educational setting; and
    - Behavioral Support Services to remove the never utilized Crisis Assistance component of the service.
- Documentation Standards for the components of day services and Respite have been revised.
- Provider qualifications across all waiver services were made more consistent while qualifications for Family and Caregiver Training Supports in particular were modified, enabling other than Residential Habilitation and Support providers to be approved for service delivery.

APPENDIX D: Participant-Centered Planning and Service Delivery

- The service plan development process has been enhanced by an improved Person Centered Planning process and use of a Health and Safety Indicator.
- To improve Risk Assessment and Mitigation, Outreach Services now offer additional training opportunities and Health Assurance Reviews to providers.

APPENDIX F: Participant Rights

- The BQIS grievance/complaint system has been modified due to restructuring of the Bureau.

APPENDIX G: Participant Safeguards

- **Participant Safeguards** section revised to reflect contracting of most major functions of BQIS.
- The expiring DD Waiver indicated the operating agency's intent to eliminate use of the National Core Indicator Project with replacement by the Participant Experience Survey (PES). However, rather than the PES, the BQIS now utilizes the Comprehensive Survey Tool (CST), reviewing a sample of DD Waiver service plans to assure consistency of waiver the Plan of Care/Cost Comparison Budget with the Individualized Support Plan.
- Rather than conducting agency and standards surveys for paper compliance, BQIS is focused on participant satisfaction with service delivery.

APPENDIX H: Quality Improvement Strategy

- BQIS has revamped the responsibilities of the Quality Improvement Executive Council and now uses a contractor to lead the Mortality Review Committee.

APPENDIX I: Financial Accountability

- Changed to a uniform rate methodology

APPENDIX J: Cost Neutrality Demonstration

- Cost neutrality formulas have been revised due to uniform rates and new services.
- Service utilization projections have been revised in part due to the addition of new services.

Clarification: Hospice, Home and Community-Based Services (HCBS), and Medicaid Home Health Services

The Division of Disability and Rehabilitative Services (DDRS) is including this message as a reminder to providers of Home and Community-Based Services. The text below is reprinted from the memorandum titled Clarification: Hospice, Home and Community-Based Services (HCBS), and Medicaid Home Health Services, which was co-released from multiple representatives within the Family and Social Services Administration on August 24, 2009. The original message is posted online at http://www.in.gov/fssa/files/FSSA_Bulletin_FSSA20090824.pdf.

To: Medicaid Waiver Case Manager
CHOICE Case Managers
Home and Community-Based Services Providers

From: Michelle Stein-Ordonez – Home Health Services
Susan Waschevski – NF Waiver Services
Jade Luchauer – CHOICE
Juman Bruce – Division of Disability and Rehabilitative Services
Lynn Jump – DD Waiver Services

Date: July 7, 2009

RE: **Clarification: Hospice, Home and Community-Based Services (HCBS) and Medicaid Home Health Services**

The purpose of this document is to clarify when home health, hospice, and home and community-based services (HCBS), delivered via either the Medicaid Waiver program, BDDS State Line Services or the CHOICE program, can be utilized in the delivery of services to our mutual clients. Listed below are examples that will identity what is allowed through each funding source.

Note: The terms client, participant, individual, and consumer are used interchangeably within the Office of Medicaid Policy and Planning and the Divisions. Each term refers to the person actually receiving hospice, Medicaid State Plan, CHOICE, state funded and/or waiver services.

1. **Clients currently receiving HCBS may also elect hospice services.**

Example #1

A client receiving home and community-based services may elect the Medicare or Medicaid hospice benefit as deemed eligible. The HCBS case manager may request additional home and community-based services as long as those home and community-based services are not duplicative of hospice services. Within the Division of Disability and Rehabilitative Services, additional home and community-based services may only be requested when

reflected within the client/participant's individualized support plan and at the agreement of the participant's support team. The hospice provider must provide all required services to meet the needs of the client in relation to the terminal diagnosis.

2. A client receiving hospice may supplement services by adding HCBS.

Example #2

A client who is currently receiving the Medicare or Medicaid hospice benefit may supplement services by applying for HCBS through the appropriate Division as long as those HCBS are not duplicative of hospice services and are available through the applicable source. Although no waiting list exists for the Aged and Disabled Medicaid waiver within the Division of Aging, within the Division of Disability and Rehabilitative Services, the otherwise eligible client/applicant may be placed on a waiting list for Indiana Medicaid HCBS waiver services unless specific priority criteria is met enabling the participant to enter into waiver services at the time of application. The hospice provider must provide all required services to meet the needs of the client in relation to the terminal diagnosis.

3. A client who is eligible to receive Medicaid state plan services may elect hospice benefits.

Example #3

A client who is currently receiving Medicaid state plan services may elect Medicare or Medicaid hospice benefits for his/her terminal illness. The client may receive unduplicated services through both programs.

4. A client who is currently receiving hospice benefits may elect to discontinue those hospice benefits and seek alternate means of meeting his/her health care needs.

Example #4

A client who is currently receiving Medicare or Medicaid hospice benefits may withdraw from the hospice program at any time. The client may choose to seek alternate means of meeting his/her health care needs at any time.

It is very important that each client's medical condition is thoroughly reviewed and all viable options are discussed with the client so that an informed choice can be made. It is our hope that the above information is helpful as you discuss options with your clients.

Please feel free to contact the Division of Aging with any questions or concerns:

- Jade Luchauer at (317) 234-1913 - CHOICE program
- Michelle Stein-Ordonez at (317) 233-1956 - home health and hospice
- Susan Waschevski at (317) 232-7148 - Nursing facility level of care waivers

Please feel free to contact the Division of Disability and Rehabilitative Services with any questions or concerns:

- Juman Bruce at (317) 232-7820 - BDDS State Line Services
- Lynn Jump at (317) 234-2764 - MR/DD level of care waivers

Thank you for your continued hard work and dedication to the delivery of services to those in need.

Cc: Office of Medicaid Policy and Planning
Division of Disability and Rehabilitative Services
Division of Aging
Indiana Association for Home and Hospice Care
Indiana Hospice & Palliative Care Organization, Inc.

DDRS Resources

Please direct any questions or concerns you may have to our Help Line Resources:

- **DDRS Website:** www.ddrs.IN.gov
- **DDRS Bulletin Archive:** http://www.in.gov/fssa/ddrs/3350.htm
- **BDDS Help Line, E-mail:** BDDSHelp@fssa.in.gov
- **BDDS Help Lines, Phone:** (317) 234-5222 or 1-(888)-545-7763

Thank you.